

City of Sumner SEPA

Application

(Please fill out ALL fields unless otherwise noted)

File Number:

Community Development 1104 Maple Street, Suite 250 Sumner, WA 98390 Tel. (253)299-5530 Fax: (253)299-5539 www.ci.sumner.wa.us

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Des	cription of	Project:	<i>•</i> O		**					
Plan review of the Facility Plan Addendum No. 2										
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31	Supporting Materials Required <u>:</u>									
Office Applicant - (please check off all "applicant" boxes)										
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I, THE UNDERSIGNED, SWEAR UNDER THE PENALTY OF PERJURY THAT THE ABOVE RESPONSES ARE MADE TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT, SHOULD THERE BE ANY WILLFUL MISREPRESENTATION OR WILLFUL LACK OF FULL DISCLOSURE ON MY PART, THE AGENCY MAY WITHDRAW ANY DETERMINATION OF NON-SIGNIFICANCE THAT IT MIGHT ISSUE IN RELIANCE UPON THIS CHECKLIST.

Environmental constraints identified and delineated (if any) such as wetlands, rivers, streams, slopes

Other information as applicable from Pre-Application review comments (Wetland reports, etc)

PDF Copy of all submitted documents

**BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. (building permits only)

SIGNATURE OF OWNER/AUTHORIZED AGENT

Charles Hill Date: 9,9,13

PRINTED NAME